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FEC MAIL CENTER

New Independent Party
c/o Michael J. Barron
5904 Moss Wood Lane
McLean, VA 22101-3300
Email: newindependentparty@gmail.com
Telephone: 703-536-1799

December 28, 2011

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Dear Sir or Madam:

Attached please find FEC Form 1, Statement of Organization, for a new political action committee. It is our intent for this to be an independent or non-connected, independent expenditure only political action committee. If you need any additional information to complete this filing, please do not hesitate to contact me at the above address, email, or telephone number.

Sincerely,



Michael J. Barron

12030701347

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
2012 JAN -3 AM 8:26
FEC MAIL CENTER
Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

New Independent Party

ADDRESS (number and street)

5904 Moss Wood Lane

☐

(Check if address
is changed)

McLean

VA

22101

3300

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address
is changed)

newindependentparty@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

newindependentparty.com

2. DATE

12 ' 28 ' 2011

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Michael J. Barron

Signature of Treasurer

Michael J. Barron

Date

12 ' 28 ' 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

Candidate Committee:

- District

- [illegible]

Write or Type Committee Name

New Independent Party**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Executive Director and TreasurerTelephone number **703** - **536** - **1799****8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Mailing Address

Title or Position

Executive Director and TreasurerTelephone number **703** - **536** - **1799**

12030701350

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo

Mailing Address

2213 North Glebe Road

Arlington

VA

22207

6395

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address


CITY

STATE

ZIP CODE

12030701351

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	1/3/12 DATE PREPARED

(3/2005)

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